

APPLICATION FOR REVIEW OF A BOUNDARY LINE ADJUSTMENT OR PLAT RE-REVIEW USING INDIVIDUAL ON-SITE WASTE DISPOSAL SYSTEMS ENVIRONMENTAL HEALTH

800 W. Canal Drive Kennewick, WA 99336 (509) 582-7761, ext. 246 310 7th Avenue Prosser, WA 99350 (509) 786-1633

The Benton-Franklin District Health Department provides a review of proposed short plats to determine general compliance with state and local Board of Health rules and regulations. Those persons wishing to secure health department recommendation for a proposed short plat are encouraged to request a preliminary conference. The purpose of such a session shall be to permit the potential applicant to receive unofficial review of his general subdivision proposal before the applicant has made any substantial financial commitments. Such preapplication review shall not be construed to bind either the subdivider or the health department in any respect.

Submittal of a complete application form will initiate the review process. The health department office will notify the applicant of the number and placement of required test pits and percolation tests. Further information may be required to mitigate specific non-conforming situations.

The Health Department short plat review shall include the examination of the formal submittal made to the governing agency. Following this examination, a written recommendation will be forwarded to the planning board with a copy to the short plat applicant.

Be advised that the ensuing recommendations from this office regarding the restrictions and/or limitations of a proposal will be based upon presently known site conditions. However, should additional adverse site conditions be revealed -- on the mentioned lots as well as other lots -- at a later date, the health department reserves the right to impose further restrictions and/or limitations. Approval by the Department of Public Health shall not constitute the granting of, or guarantee the granting of any permit or any subsequent approval required by law.

* I hereby signify that I have read the above notice. *

I certify, by signature, that I am either the fee simple owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for purposes of application evaluation, sewage system inspections, or any subsequent inspections.

A 1' (C')	TD 4
Applicant Signature	Date
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(INSTRUCTIONS: Complete Page 2, do not separate)

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APPLICATION FOR REVIEW OF A BOUNDARY LINE ADJUSTMENT OR PLAT RE-REVIEW USING INDIVIDUAL **ON-SITE WASTE DISPOSAL SYSTEMS ENVIRONMENTAL HEALTH**

Guarantor #

800 W. Canal Drive Kennewick, WA 99336 (509) 582-7761, ext. 246

Ponds, irrigation canals, and other surface water on and within 150' of the property

3107 7th Avenue Prosser, WA 99350 (509) 786-1633

FEE CODE: 5429	Account #	Guarantor #	Log #		
		PLETED TO ACCEPT THIS APPLICATION. IF YOU NEED			
NAME OF AF	PPLICANT:				
HOME TELE	PHONE:	WORK TELEPHONE:			
CURRENT M	AILING ADDRESS:	CITY	ZIP		
PARCEL NUI	MBER:	SectionTo	wnshipRange		
LEGAL DESC	CRIPTION OF PARCEL:				
PHYSICAL A	DDRESS:				
CONSULTAN	NT:	PHONE			
ADDRESS: _					
DIRECTIONS	S TO THE SITE:				
TOTAL LAN	D AREA INVOLVED I	N SHORT PLAT:			
TOTAL OF N	NUMBER OF LOTS TO	BE CREATED:			
SIZE IN SQUARE FOOT OR ACRES OF EACH PROPOSED LOT:					
LOT 1:	LOT 2:	LOT 3: LOT 4:			
SLOPE OF T	HE GROUND WITHIN	EACH LOT: LOT 1:% LOT 2:% LOT	OT 3:% LOT 4:%		
PROPOSED USE OF LAND AFTER PLATTING:					
SINGL	LE FAMILY HOMES:	MULTIFAMILY DWELLINGS: COMMER	CIAL:		
PROPOSED	WATER SUPPLY:				
SINGLE FAMI	LY WELL:	SMALL PUBLIC OR COMMUNITY WELL:	MUNICIPAL:		
DISTANCE I	FROM PROPERTY BO	UNDARY TO EXISTING PUBLIC SEWER LIN	Œ:		
A. Bounda B. Easeme C. Road ar D. Drainag E. Existing F. Existing	ry lines (existing and propose ints and road right of ways ge across the property including homes, buildings, driveways gwells on the property and ways	ng irrigation and natural drainage areas	PLAN FOR THE SHORT		
F. Existing					

Slope of the land

Proposed structure and /or sewage systems

Signature and date on the plan

I. J.

NORTH

SHORT PLAT OWNER:	DATE:	STAFF:
	3.	4.